

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027238

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3549

STATE FILE NUMBER

FILED JUL 25 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in lb

57 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Joseph Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY
OR
TOWN

Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
5616 E. 27th. Terr.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

WILLIAM

Middle

ANTHONY

Last

McMULLEN

4. DATE
OF
DEATH

Month

July

Day

4

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-5-1902

9. AGE (last birthday)

59

10. IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

owner & operator

10b. KIND OF BUSINESS OR INDUSTRY

Hydraulic Auto Trailer Co

11. BIRTHPLACE (City and state or country)

Leavenworth, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas Austin

13b. MOTHER'S MAIDEN NAME

Cora N. Gieber

14. NAME OF HUSBAND OR WIFE

Nadine McMullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Mrs. Nadien McMullen 5616 E. 27th. Terr

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

with Coronary insufficiency and

DUE TO (c)

Congestive failure

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive Cardiovascular Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 29, 1960 to Present

and last saw him alive on June 26, 1962

- Death occurred at

9th p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold W. Voth, M.D.

22b. ADDRESS

201 Plaza Med. Bldg. Kansas City, Mo.

22c. DATE SIGNED

July 5, 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-7-62

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

23d. LOCATION (City, town, or county)

Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Mellody-McGilley-Eylar Woodland

25. DATE RECD. BY LOCAL REG.

7-6-62

26. REGISTRAR'S SIGNATURE

Ruth A. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H.W. Voth

VS 300
Rev. 4/59

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201
John A. Mc Donnell
or Harold Vark
Olga Med. Bldg.
Va 1-3243

Thurs.
12:00 to 5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert L. Landes

Licensed Embalmer No. 5103

P. O. Address H.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.